PRIOR AUTHORIZATION REQUEST FORM

Medicare Part D - Tricyclic Antidepressants

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. Please note, any information left blank or illegible may delay the review process.

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. Which medication is being requested?

- ☐ Amitriptyline
- ☐ Clomipramine
- ☐ Doxepin
- ☐ Imipramine
- ☐ Surmontil

Q2. Is this a NEW start for requested medication?

- ☐ Yes
- ☐ No (describe TCA treatment history)

Q3. Select the diagnosis for which the requested medication is being prescribed.

- ☐ Depression
- ☐ Obsessive-Compulsive Disorder (OCD)

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☐ Other

Q4. Please provide ICD code(s) for diagnosis.

Q5. Is the patient 65 years of age or older?

☐ Yes ☐ No

Q6. Has the patient failed or does the patient have a contraindication to any of the medications listed below? (Select all that apply)

- ☐ Nortriptyline
- ☐ Desipramine
- ☐ Protriptyline
- ☐ Amoxapine
- ☐ Sertraline
- ☐ Escitalopram
- ☐ Citalopram
- ☐ Paroxetine
- ☐ Fluoxetine
- ☐ Fluvoxamine
- ☐ Venlafaxine
- ☐ Duloxetine

Q7. If "no" to question above, please list all medications used to treat condition.

Q8. Additional Comments

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Prescriber Signature

Date

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function